PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	form should be used to correspondence including the delay or directed of attoms.	for transmitting the ISS ng the Patent, advance of the herwise in Block 1, by (UE FEE and PUBLICAT orders and notification of a) specifying a new corre	TON FEE (if required). It maintenance fees will be spondence address; and/or	Blocks 1 through 5 shomailed to the current of (b) indicating a separate	ould be completed where correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
27879	7590 08/21	/2009	A166 V			.i.mi.om
INDIANAPOLIS OFFICE 27879 BRINKS HOFER GILSON & LIONE CAPITAL CENTER, SUITE 1100				ereby certify that this Fee(stes Postal Service with suffressed to the Mail Stop asmitted to the USPTO (57)	e of Mailing or Transmass). Transmittal is being ficient postage for first ISSUE FEE address a 1) 273-2885, on the date	deposited with the United class mail in an envelope bove, or being facsimile te indicated below.
= ' =	LINOIS STREET			D A anna L. Ha	sler,	(Depositor's name)
INDIANAPOLI	S, IN 46204-4220			Vegenna O	1. Hasles	(Signature)
			 ^	September)	8 2009	(Dale)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		RNEY DOCKET NO.	CONFIRMATION NO.
10/810,499	03/26/2004		Masayuki Tsuda		9683/179	8154
TITLE OF INVENTION	I: TERMINAL DEVICE	AND PROGRAM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/23/2009
EXAMINER ART UNIT		CLASS-SUBCLASS				
SAMS, MATTHEW C		2617	455-566000			
1. Change of correspond	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	patent front page, list	Darinla	TTofon Cilcor
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Brinks Hofer Gilson.			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
			THE PATENT (print or ty			-
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NC	data will appear on the p T a substitute for filing an	atent. If an assignee is id assignment.	lentified below, the doc	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
NTT DoCoMo, Inc. Tokyo, JAPAN						
	·					
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent): \Box	Individual	on or other private grou	p entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	ase first reapply any prev	iously paid issue fee sl	iown above)
A check is enclosed. Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies Fayment by credit card. Form P10-2038 is attached. With Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this f						
Advance Order	ir or copies		overpayment, to Depo	osit Account Number 23	-1925 (enclose an	extra copy of this form).
	tus (from status indicated is SMALL ENTITY state		b. Applicant is no lon	ger claiming SMALL ENT	FITY status. See 37 CFI	R 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than			
Authorized Signature	// 0	tes Patent and Tradomark	Office.	Date S &	T 8, 200	٠ ٩
_	Sanders N	I Hillia			45,712	and the second s
Typed or printed nam	6 Dangers L	A. UTTTTD		Registration No.		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.